EXHIBIT 42

National Initiative on Pain Control®
Executive Summary

National Initiative on Pain Control DINNER DIALOGUES® Series
"Advances in Opioid Analgesia: Maximizing Benefit While Minimizing Risk"

October 26, 2006 – December 12, 2006

The National Initiative on Pain Control® (NIPC®) presented a series of 25 DINNER DIALOGUES® entitled "***Advances in Opioid Analgesia: Maximizing Benefit While Minimizing Risk***" from October through December 2006. This series combined a didactic lecture using an algorithmic approach along with several case studies within each section. Audience Response Technology was utilized to reinforce education and enhance interactivity and reinforce learning.

Target Audience:
This series was designed for neurologists, family physicians, general practitioners, internal medicine specialists, rheumatologists, physical medicine and rehabilitation specialists, osteopathic medicine specialists, pharmacists, and other physicians and healthcare professionals who treat patients with pain.

This executive summary is based upon the **(83%) 758** participant evaluation forms that were received from **911** attendees. The average attendance for this series is **36** participants per meeting with a **52%** participation ratio of pre-registered to final attendees for the entire series.

The faculty for this activity was as follows:

B. Eliot Cole, MD, MPA
Bruce D. Nicholson, MD
David a. Fishbain, MD, FAPA
Michael H. Moskowitz, MD, MPH
Steven A. King, MD, MS
Bill H. McCarberg, MD
Charles E. Argoff, MD
Grace Forde, MD
Seddon R. Savage, MS, MD

Below is the percentage of the **Professional & Specialty** classifications of the participants.

Professional Classification	Specialty
MD - 62%	Neurology – 3%
DO – 5%	Family Practice - 17%
PharmD – 6%	Physical Medicine and Rehabilitation - 7%
RPh 7%	General Practice 10%
NP – 2%	Internal Medicine – 18%
PA – 3%	Other – 21%
RN – 7%	No Response – 23%
Other 2%	
No Response – 7%	

Faculty:
We asked the participants to rate each faculty presenter on knowledge of the subject and communication skills and their responses are indicated below:

Speaker was knowledgeable of the subject	5.5
Speaker communicated clearly and effectively	5 3

The information presented was appropriate for the subject matter	5.5

The percentages clearly reflect attendees' high level of satisfaction with the skills of the presenters.

Overall **84%** of the participants thought the activity was free of commercial bias and **89%** presented in a fair-balanced manner. The results, while still impressive, are not up to the high tandard that we normally ee following NIPC activitie Variou type of long and hort acting opioids are discussed during this activity. However, it was noted by PPS on-site monitors that while the program was created and advertised as an educational program on the use of opioid analgesics to manage chronic pain, several audience members expressed concern that there wa not adequate empha i placed on other pharmaceutical option Thi may be reflected in the ratings on fair balance and commercial bias.

PRE-TEST AND POST-TEST COMPARISON AND RESULTS:

The responses to our CME Activity Evaluation forms are summarized as follows (on a 1 – 6 scale) with 1 being the lowest and 6 being the highest:

Before the start of each activity, participants were asked to complete a pre-test and submit it before the actual lecture began. The pre-test was given to the participants to ascertain their knowledge, attitude and behavior prior to the start of the activity.

At the conclusion of the activity, all participants filled out a post-meeting evaluation. By doing so, the potential impact of the educational activity on attendee practice patterns could be assessed. The pre and post test evaluation both contained five of the same questions. We were able to compare the pre-test and post-meeting evaluation results for these five questions to determine the impact of the activity for the people who attended. These results are based upon the comparison of the **722 pre-test forms vs. the 758 post-meeting evaluation forms.**

The questions that are compared from the pre and post-test evaluation forms are as follows:

Objectives:

Participants were asked to assess their practice against the objectives before and immediately after their participation in the activity.

The activity met the stated objective in such a way that I am better able to:

OBJECTIVES	PRE-TEST RESULTS	POST-TEST RESULTS
Determine those chronic pain patients most likely to benefit from opioid therapy, based on the potential risks and benefits	4.5	5.2
Initiate a trial of opioid therapy and assess ongoing risks and benefits in the treatment of the chronic pain patient	4.7	5.2

Optimize the analge ic potential of opioid therapy through titration, rotation, conversion, and adjunctive therapy in the management of chronic pain	4 5	5 2
Apply the basic documentation and medico-legal requirements necessary to support opioid prescribing	4.6	5.3

There was a consistent improvement over how participants rated each objective prior to, and following the activity. This suggests an increasing ability to managing their chronic pain patients with opioid therapy

The responses below are summarized as follows (on a 1 – 6 scale) with 1 being strongly disagree and 6 being strongly agree:

A chronic pain patient	**PRE-TEST RESULTS**	**POST-TEST RESULTS**
Should only be placed on opioid therapy if they failed all other options	3.7	3.5
Should always be started on a short acting opioid before being prescribed long acting opioids	4.0	4.1
Who suffer side effects from a long acting opioid must be switched to adjuvant therapies	3.8	3.7
Prescribed opioid therapy whose prescription runs out early for two consecutive months must be weaned off opioids for adjuvant therapy.	3.5	3.6

Interestingly, participants seemed less definitive in their decision making for these kinds of questions, and there seems to not be any movement in their answers following participation in the program Thi repre ent the fir t time the e kind of practice application que tion have been asked following a program. Clearly, attendees are less willing to provide a definitive answer to questions that perhaps needs to be further defined on a case by case basis.

Participants were asked how they rate the following statements (using a scale of 1-6):

Program Component	**Post Meeting Results**
Format/teaching methods encouraged interaction	5.3
Participant guide was useful as a reference	5.3

These results suggest that the format was effective in facilitating interaction, and that the participant guide provided u eful information for the attendee

Changes in my practice:

"They plan to make changes in their practice based on the information from this activity."
56% said yes, they plan on making changes in their practice.
23% said No; they do not plan on making changes in their practice.

Given the complexities and challenges the primary care physician faces in the use of opioid analgesics to manage their patient's chronic pain, the fact that a majority of attendees report they plan to change their practice resulting from their participation in this programs suggests that the information presented was credible and practical. The following open ended comments provide a window into what the takeaway me age were for the attendee The e comment suggest increasing comfort with the use of (long acting) opioids, in all probability based upon Better assessment, documentation and planning in the management of their patients.

OPEN ENDED QUESTION RESULTS

Following this activity, what is the most important change you will make in your practice?

* Develop exit strategy
* More u e of opioid
* Better documentation and assessment
* Consider using long acting agents
* Use opioids earlier with my pain patients
* Further aggressive screening to identify reasonable candidates for opioid therapy. Considering adjuvant therapy for majority of patients.
* Use patient agreements at start of treatment
* Have exit strategy

OVERALL SUMMARY:

This executive summary indicates that the activity was effective. Participant comments indicate learning objectives were achieved and that there was an increase in knowledge from the pre-test information. The majority of the participants did state that they do plan on making changes to their practice following thi activity

The information gathered in the pre-test and evaluation will be utilized to improve and enhance the current NIPC opioid module and further NIPC activities. As this is an important and evolving topic, more education in this area is needed. We look forward to providing this important education to help physicians better manage those patients with chronic pain therefore improving their lives.